(a) whether it is a fad that in his deliberations in the 12th Annual Convention of the Association of American Physicians from India (AAPI) had earlier this month in Altanta, U.S.A., he disagreed to accept the prevailing incidents of AIDS cases in India to be alarming enough;

(b) whether Government have comprehended any specific minimum level beyond which it would be considered to be alarming and/or epidemic;

(c) whether it is also a fact that the Hon'ble Minister also availed the Forum abroad to plead for a particular Ayurveda practitioner of Kamataka in order to promote his medicine which is said to provide relief to AIDS patients;

(d) whether it is a fact that the said medicine developed by the Ayurveda practitioner has been duly approved by the statutory authorities and recognised for use for treatment of AIDS patients in the Hospitals; and

(e) if not, the basis of the Hon'ble Minister's propagating a particular individual?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (e) While addressing the annual convention of the American Association of Physicians from India, the Union Minister of Health and Family Welfare drew attention to the relatively smaller number of reported AIDS cases in the country and pleaded for avoidance of panic reactions on the basis of guesstimates about the total incidence of AIDS- He also commended the search for cure from AIDS which is going on around the world and mentioned in this respect the promising possibilities in indigenous systems of medicine. The reference to the clinical trials with an Ayurvedic drug was made in this context.

Immunisation against Rabies

2907. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a large number of people in the country continue to fall victims to rabies due to dog bite every year;

(b) if so, the annual average of deaths occurred due to rabies during the last five years;

(c) whether it is a fact that the traditional nervous tissue vaccine injected free of cost for anti-rabies treatment in the hospitals has numerous side effects and has become obsolete, particularly in the wake of introduction of more effective anti-rabies serum and vaccines, marketed by multi-national drug companies;

(d) whether it is a fact that such anti-rabies serums are expensive and beyond the reach of the common man;

(e) if so, whether Government have taken any action for development of efficient anti-rabies vaccine indigenously;

(f) whether it is also a fact that, instead of immunisation of human beings with anti-rabies serums/vaccines, which involve higher cost, • World Health Organisation has decided to introduce administration of anti-rabies vaccines for the stray dogs through baits to prevent infection; if so, details thereof; and

(g) Action plan of Government, if any for implementation of the said WHO programme in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir.

(b) It is estimated that in our country about 25,000 people die every year due to rabies.

(c) and (d) The side effects of the - nervous tissue vaccine is reported in one

in five thousand patients treated. The tissue culture rabies vaccine, which is comparatively more effective and is, however, expensive.

(e) Pasteur Institute of India, Coonoor have already initiated action for development of tissue culture anti-rabies human vaccine.

(0 and (g) The World Health Organisation is of the opinion that the cost effectiveness of immunization of stray, rabies prone animals through baited vaccines, eludes public health acceptance under the present Indian situation.

Sale of Depoprovcra ContracepiKe

2908. SHRI ASHOK MITRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether permission has been granted to medical practitioners, drug-sellers and others to' dispense without restriction the hormonal contraceptive Depoprovera;

(b) whether women's rights group* have represented to Government against the introduction of the contraceptive; and

(c) whether Government are contemplating to seek expert advice on the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) No. Sir.

(b) and (c) The representing organisations had been informed that the drug was not to be promoted or sold wihtout a prescription from a Registered Medical Practitioner and the opinion of experts had been obtained before approval of marketing was granted. Disincentives to Check Population Growth

2909. SHRI RAM NATH KOVIND: Will the Minister of HEALTH AND FAMILY WELFARE by pleased to state:

(a) what Government consider that population growth rate is alarming;

(b) whether Government consider imposing negative incentives to check the
population growth; and

(c) if so, what are the measures proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir.

(b) and (c) The NDC's Committee on Population has made certain recommendations on incentives and disincentives. A copy of summary of recommendations is given in Statement I(see below). The draft Population Policy document has also made certain suggestions. These are given in Statement II.

Statement-I

Incentives and Disincentives as Recommended by NDC Committee on Population

The incentives/disincentives currently applicable to employees of Central/State/ UT Governments, Autonomous Bodies, Public Sector Undertakings etc. for adopting small family norm may be appropriately modified as follows:—

1. Leave Travel Concessions, free or concessional rail/bus or air journeys wherever applicable, CGHS facilities/ reimbursement of medical expenses, Maternity Leave benefit (excluding those directly affecting the health of the mother and the foetus/new bom), etc. are made available up to two children only.

2. Special increments for undergoing sterilisation, incentive of lower rate of interest for house building advances, interest bearing advances viz. vehicle loans should be available to the employees with two or less children only.

3. Priority in allotment of Government accommodation is given to employees who have adopted 2-child norm.